

**Application Data Sheet**  
**Under 37 C.F.R. § 1.76**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit:: 3731

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title :: Method for Lateral Implantation of Spinous  
Process Spacer

Attorney Docket Number:: KLYC-01056USE

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 73

Total Formal Drawing Sheets:: 65

Small Entity?: Yes

Latin name::

Variety denomination name::

Petition included?: No

Petition Type::

Licensed US Govt. Agency:: No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** James  
**Middle Name::** F.  
**Family Name::** Zucherman  
**Name Suffix::**  
**City of Residence::** San Francisco  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 3035 Pierce Street  
**City of mailing address::** San Francisco  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 94123  
**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** Ken  
**Middle Name::** Y.  
**Family Name::** Hsu  
**Name Suffix::**  
**City of Residence::** San Francisco  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 52 Clarendon Avenue  
**City of mailing address::** San Francisco  
**State or Province of mailing address::** CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94114  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Henry  
Middle Name:: A.  
Family Name:: Klyce  
Name Suffix::  
City of Residence:: Piedmont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 231 Sandringham Road  
City of mailing address:: Piedmont  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94611

## Correspondence Information

Correspondence Customer Number :: 23910

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 415/362-3800  
Fax Number: 415/362-2928  
E-Mail address:: officeactions@fdml.com

## Representative Information

Representative Customer Number::	23910	
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	divisional	09/842,756	04/26/01
09/842,756	continuation	09/474,038	12/28/99
09/474,038	divisional	09/474,037	12/28/99
09/474,037	continuation	09/175,645	10/20/98
09/175,645	continuation-in-part	08/958,281	10/27/97
08/958,281	continuation-in-part	08/778,093	01/02/97

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name::	St. Francis Medical Technologies, Inc.
Street of mailing address::	1900 Bates Avenue, Suite L
City of mailing address::	Concord
State or Province of mailing address::	California
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94520